

8-11-04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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22918 7590 05/07/2004
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Lynnea B. Anderson (Depositor's name)
 Lynnea B. Anderson (Signature)
 August 9, 2004 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/823,903 | 03/30/2001 | Daniel J. Balbierz | 13724-844 | 7575 |

TITLE OF INVENTION: TISSUE BIOPSY AND TREATMENT APPARATUS AND METHOD

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$300 | \$965 | 08/09/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| VRETTAKOS, PETER J | 3739 | 606-041000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Jacqueline F. Mahoney
 Peter J. Dehlinger
 PERKINS COIE LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RITA MEDICAL SYSTEMS, INC. Mountain View, CA US

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☒ Advance Order - # of Copies 13

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by check to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2207 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Jacqueline F. Mahoney (Date) August 9, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

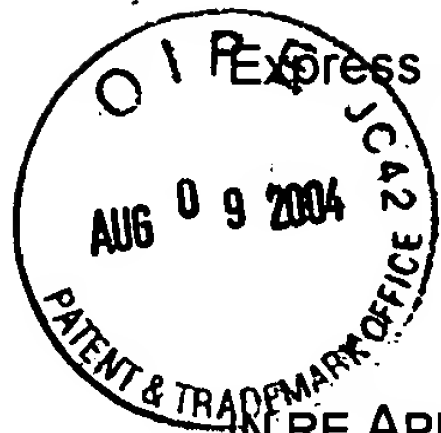
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08/12/2004 SHASSEN2 00000017 09823903

01 FC:2501
 02 FC:1504
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 300.00 OP
 39.00 OP

TRANSMIT THIS FORM WITH FEE(S)



Express Mail Label No. EV 336 040 883 US

Attorney Docket No. 37167-8039.US00 (13724-844)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Balbierz and Johnson

APPLICATION No.: 09/823,903

FILED: March 30, 2001

FOR: **TISSUE BIOPSY AND TREATMENT APPARATUS
AND METHOD**

EXAMINER: Vrettakos, Peter J.

ART UNIT: 3739

CONF. No: 7575

DATE OF NOTICE OF ALLOWANCE:
05/07/04

Transmittal of Issue Fee and Advance Order

Mail Stop Issue Fee
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance dated May 7, 2004, applicant herewith submits the following:

- ☒ Form PTOL-85B
- ☒ A Request for Corrected Filing Receipt with copy of original filing receipt showing correction thereon.
- ☒ Fees:
 - 1) Issue Fee (37 CFR 1.18(a)): ☒ Small Entity: \$665.00
 - 2) Publication Fee (37 CFR 1.18(d)) - \$300.00
 - 3) Fee for 13 advance copies of the patent (37 CFR 1.19(a)(1)(i)) - \$39.00
- ☒ Enclosed is a check for \$1004.00 to cover the fees.
- ☒ Please charge any additional fees necessary for consideration of this paper to Deposit Account No. 50-2207.

Respectfully submitted,

Date: August 9, 2004

Jacqueline F. Mahoney
Jacqueline F. Mahoney
Registration No. 48,390

Correspondence Address:

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Ph: 650 838-4410